



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Administration
BUILDING CODE COMMISSION
CONTRACTORS'
REGISTRATION BOARD
One Capitol Hill
Providence, RI 02908-5859

(401) 222-1270
TDD (401) 222-6334
FAX (401) 222-2599
Web site: www.crb.state.ri.us

COMMERCIAL OR INDUSTRIAL CONTRACTORS' REGISTRATION APPLICATION

The Rhode Island Contractors' Registration Board Law (GL 5-73) requires you to register with the Board if you are in business installing, altering or repairing commercial or industrial roofs excluding contractors who apply only shingles to non-residential property.

I. Company Information/Organization:

1. OWNERSHIP:

Please place an X in the correct box.

A. <input type="checkbox"/> Individual Proprietor Registration Fee \$200.00 Date Organized: _____	B. <input type="checkbox"/> Partnership Registration Fee \$200.00 \$ 10.00 Per Additional Partner Date Organized: _____	C. <input type="checkbox"/> Corporation or LLC Registration Fee \$200.00 \$ 10.00 Per Additional Officer Date Organized: _____	D. <input type="checkbox"/> Joint Venture Registration Fee \$200.00 \$ 10.00 Per Additional Date Organized: _____
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ALL REGISTRATIONS EXPIRE ON THE FIRST OF THE MONTH

Print/type your name and business name exactly as they will appear on the registration:

Driver's License State _____ No. _____ Registration No. _____
or other form of Photo ID (Official Use Only)

Name: _____ Birth Date: _____
(Principle Responsible)

Address (P. O. Boxes Not Acceptable) _____ Home Telephone Number _____

Business Name _____ Business Telephone Number _____

Mailing Address of Business _____ City _____ State _____ Zip Code _____

Authorized Representative _____ Issuance Date of Corporation _____

**LIST NAME AND ADDRESS OF ALL PARTNERS OR CORPORATE OFFICERS
AND STOCKHOLDERS OVER 5% OF ISSUED STOCK**

Name(s)	Capacity	Address	Driver's License or Photo ID & D.O.B.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Corporations must be filed with the Secretary of State's Corporation Division prior to filing with the Contractor's Registration Board.

Applicable: yes ☐ no ☐ . If yes, a copy of filed corporate papers required.

3. If using an answering service or mail drop, identify the name and address of this service (street, city, state, zip code).

NAME: _____ ADDRESS: _____

4. Number of years in business as a roofing contractor _____

5. How many years in business under present name _____

6. Under what former names have you or any of the people listed above in your company operated?

7. Please list any trade associations memberships your company holds and the number of years held.

8. Current/Previous registrations:

List states and categories in which your company is legally qualified to do business, indicate registration or license numbers. If applicable, list states in which partnership or trade name is filed.

STATE	CATEGORY	REGISTRATION/LICENSE #	STATE OF PARTNERSHIP/TRADE NAME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. REQUIRED LIABILITY INSURANCE: You are required to have in effect, throughout the period of registration, public liability and property damage insurance in the following minimum amount: \$300,000.00 combined singles limit, bodily injury and property damage. Failure to carry this insurance will result in termination of your registration. A certificate of insurance must be submitted with this application and must indicate that the Contractors' Registration Board will be notified by the insurance carrier upon cancellation of the registrant's insurance policy.

I hereby acknowledge that my commercial general liability insurance (or any other insurance required by state law) has been obtained to cover all aspects of the building trade work performed.

Signature

Name of Liability Insurance Carrier

Policy Number

Insurance Agency Name

Telephone Number

Agency Address

10. EMPLOYER ACCOUNTS: Do you now have, or do you plan to hire employees?

YES ☐ NO ☐ If "yes" give the following account numbers:

Worker's Compensation Number
(required for one (1) or more employees)

Unemployment Account Number
(call 222-3696)

Federal Employer ID Number

II. ABOUT YOUR WORK:

1. Statement of Skill: (Use separate sheet if necessary) _____

2. Type of Work: Do you primarily do? New Construction; Remodeling; Sub-Contractor; Other _____

3. What kind of roofing work does your company perform? Check all that apply:

Build-up ☐ Cold Process ☐ Metal ☐ Modified Bitumen ☐ Roof Deck ☐ Shakes ☐ Sheet Metal ☐
Shingles ☐ Single Ply ☐ Slate ☐ Spray ☐ Tile ☐ Waterproofing ☐

4. Do your company's work crews perform the roof work? Yes ☐ No ☐ If NO please explain: _____

5. What is your company policy concerning on-site supervision of work and internal quality control procedures?

What is your company's experience modification rate (EMR) for Workers' Compensation insurance over the last three years?

EMR-Last Year _____ State: _____

EMR-Previous Year _____ State: _____

EMR-Previous Year _____ State: _____

Does your company handle projects involving the removal of asbestos-containing roofing materials? Yes ☐ No ☐

Installation? Yes ☐ No ☐

III. ABOUT YOUR REFERENCES:

1. The following original items less than 30 days old must be submitted with this application:

- (a) One credit reference letter from the trade;
- (b) One credit reference from a financial institution;
- (c) If foreign corporation, a certificate of good standing less than 30 days old from the Secretary of State of Rhode Island;
- (d) Is the applicant familiar with statutes and regulations promulgated by the Contractors' Registration Board, RI Building Code and all other pertinent statutes and will abide by those laws: Yes ☐ No ☐

2. Total amount of bonding available: \$ _____, Available bonding per individual project: \$ _____.
Have you ever defaulted on any bond? Yes ☐ No ☐ : If yes explain on a separate sheet.

3. Authorized for warranty by: (Attach list if necessary)

Name of Manufacturer	Product
(a) _____	_____
(b) _____	_____
(c) _____	_____

IV. FINANCES:

- 1. Please attach a copy of your company's current balance sheet and other evidence of financial stability.
- 2. Provide name of preparer of financial statement and date prepared.
- 3. Is this statement for identical company seeking application? Yes ☐ No ☐ : If not please explain (i.e. parent - subsidiary)
Each business entity needs a separate registration.
- 4. Will the applying company act as guarantor on the contract for roofing work? Yes ☐ No ☐
- 5. Claims and suits: (If the answer to any of the questions below is yes, please attach a separate sheet with details)
 - (a) Has the organization ever failed to complete any work awarded? Yes ☐ No ☐
 - (b) Are there any judgements, claims, arbitration proceedings or suits pending or outstanding against the organization or its officers or stockholders owning over 5% of corporate stock? Yes ☐ No ☐
 - (c) Has the organization filed any law suits or requested arbitration with regard to construction contracts over the last 5 years? Yes ☐ No ☐
 - (d) Has your company ever filed bankruptcy? Yes ☐ No ☐
 - (e) Regarding company officers, directors or stockholders (over 5%): Have any of them had any felonies or convictions in the last ten (10) years? Yes ☐ No ☐

V. Commercial Roofing Projects in Progress (use CRB Form A)

VI. Commercial Roofing Projects Completed over the last 3 years (use CRB Form B)

VII. Do you have an ongoing safety program? Yes ☐ No ☐ Who is your safety officer? _____

Please attach company's safety program. _____

VIII. Sign in the presence of a notary: I hereby verify that any corporation included in this application has been recorded with the Secretary of State Corporation Division and approved for use by the applicant. I hereby verify that effective this date and for as long as the Contractors' Registration Board is in effect, I have and will continue to carry the required liability insurance. I hereby verify that to the best of my knowledge, all statements on this form are complete, true, correct and accurate.

Signature of Owner, Partner or Corporate Officer and Title _____

_____ Date

Signed or Attested
before me on: _____

Print Name of Owner, Partner or Corporate Officer and Title _____

_____ Date

State of _____

County of _____

My Commission Expires _____

Notary Public _____

IX. Please send this application and the appropriate fee of \$200.00 to the Department of Administration, Contractors' Registration Board, One Capitol Hill, Providence, RI 02908. Registration card will be processed upon review and acceptance. Additional \$10.00 fee for partners in item (1B) or corporate officers in item (1C) or joint venture (1D) must accompany application.

NOTE: Any person who violates a final order of the Board, or fails to register as a contractor as stipulated, and upon proper written notification, shall be deemed guilty of a misdemeanor, and shall upon conviction thereof, be imprisoned with or without hard labor, for a term not exceeding one (1) year, or be fined not exceeding \$1000.00 for each offense.

Contractors' Registration Board

FORM A

Commercial

Roofing Projects in Progress

	Project Title Address	Owner	Company Name	Contact Person	Contract Amount	% Complete	Telephone
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

Contractors' Registration Board

FORM B

Commercial

Roofing Projects Over Past Three (3) Years

	Project Title	Address Phone #	Owner	Company Name	Contact Person	Contract Amount	Date Complete	% Work Owner Sub
1.								<input type="checkbox"/>
2.								<input type="checkbox"/>
3.								<input type="checkbox"/>
4.								<input type="checkbox"/>
5.								<input type="checkbox"/>
6.								<input type="checkbox"/>
7.								<input type="checkbox"/>
8.								<input type="checkbox"/>
9.								<input type="checkbox"/>
10.								<input type="checkbox"/>
11.								<input type="checkbox"/>
12.								<input type="checkbox"/>

Contractors' Registration Board Roofing Contractors

CHECK LIST

- 1.) Completed Application _____
- 2.) Form A CRB _____
- 3.) Form B CRB _____
- 4.) Certificate of Insurance _____
- 5.) Workers Compensation Insurance
(as required by Statute) _____
- 6.) Credit Reference From Trade _____
- 7.) Credit Reference From Financial
Institute _____
- 8.) Corporate Papers
(if applicable) _____
- 9.) If Foreign Corp., Certificate
of Good Standing from State, Inc. _____